

CLAIMS ONLY							Application Number 101-89230		Filing Date			
							Applicant(s)					
112905							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/		/					51				
2		/		/				52				
3		/		/				53				
4		/		/				54				
5		/	/					55				
6		/		/				56				
7		/		/				57				
8		/		/				58				
9		/		/				59				
10		/		/				60				
11		/		/				61				
12		/		/				62				
13		/		/				63				
14		/		/				64				
15		/		/				65				
16		/		/				66				
17		/		/				67				
18		/		/				68				
19		/		/				69				
20		/		/				70				
21		/		/				71				
22		/		/				72				
23		/		/				73				
24		/		/				74				
25								75				
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27								77				
28								78				
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37								87				
38								88				
39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
Total Indep	1		2					Total Indep				
Total Depend	23		22					Total Depend				
Total Claims	24		24					Total Claims				